



ABC of NC Internship/Practicum Application

1. Contact Information

Name: _____
(Last) (First) (Middle)

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Preferred Phone: _____ MOBILE HOME WORK

Student: Y N

College/University Name: _____

Course of Study: _____

Anticipated Graduation Date: _____

Intern/Practicum Adviser: _____

Intern/Practicum Adviser Email: _____

Number of Hours To Be Completed: _____ Start Date: _____ End Date: _____

Academic Requirements beyond number of hours to be completed (e.g. weekly journal entries/logs, etc.):

2. Confidentiality/HIPAA Compliance

All client information should be kept confidential. An intern/practicum student should not divulge client names, specific conditions, or anything that would reveal a client's identity with anyone outside of ABC of NC, unless officially authorized to do so, in writing, by the client's parent/legal guardian.

I, the undersigned, understand the confidentiality policy of ABC of NC. I agree to follow this policy and keep all client information and client records confidential. I understand that if I improperly disclose or release information, I will be subject to legal action.

Intern/Practicum Student Signature

Date

3. Information and Image Release

Yes, I would like OR **No**, I would not like
...to share my contact information with other interns for the purposes of notifying interns of schedule changes,
coordinating carpools/transportation sharing, etc.

Yes, ABC of NC may use photos of me. OR **No**, ABC of NC may not use photos of me.
(All images will be the property of ABC of NC and may be used for promotional, educational, and other purposes.)

4. Background Information Disclosure *(Please complete if you are 18 years of age or older.)*

Full Legal Name:

Birthdate: ____ / ____ / ____ Gender: M F SS# ____ - ____ - ____
(You may also call our office and provide this information over the phone.)

Permanent Mailing Address: _____

Have you lived in NC for the last five years? Yes No
If no, please provide previous address(es):

I have never been convicted of any unlawful offense other than a minor traffic violation.

OR

I have been convicted of the following criminal offenses (please describe including date and sentence):

- I hereby confirm that I have not been convicted of any additional unlawful offense other than the offense(s) listed above.
- I hereby give permission for ABC of NC staff to use the above information for the purposes of background, sex offender, and nurse registry checks.

Intern/Practicum Student Signature

Date

5. Briefly describe why you are interested in this internship/practicum and what you hope to gain from your experience:

6. Agreement and Signature:

- I understand that this application will be reviewed by ABC of NC staff and I may be selected to come in for an interview and subsequent training.
- I understand that, as standard procedure, criminal background checks may be performed on applicants.
- I understand that, if the information I have provided in this application proves to be false or misleading, I could be disqualified/dismissed.
- I certify that the statements given on this application are true and accurate to the best of my knowledge.
- I understand that ABC of NC reserves the right to reassign or dismiss me with or without cause.
- I understand that I am agreeing to abide by the all the policies and procedures shared with me by ABC of NC.
- I agree to abide by my commitment to keep all client information strictly confidential.

Intern/Practicum Student Signature

Date

Guardian Approval Signature

(required if intern/practicum student is under 18 years of age)

Date

*****Please include a copy of your resume with this application.*****

*Thank you for your commitment to ABC of NC.
We look forward to working with you as we partner to provide quality diagnostic, therapeutic,
and educational services to clients with autism spectrum disorders and their families.*

Please return this application to:
Anna Rainey, Engagement Coordinator
905 Friedberg Church Road
Winston-Salem, NC 27127
Direct: (336) 251-1180, ext. 134 • Fax: (336) 251-1181
anna.rainey@abcofnc.org